

**CALIFORNIA STATE UNIVERSITY SAN MARCOS  
NEW PROGRAM PROPOSAL – P Form Signature Pages**

For Curriculum and Scheduling Office Use Only		
D.B.	Catalog	File

COLLEGE/SCHOOL  CoAS  CoBA  CoE  SoN  
**TITLE OF PROGRAM** Cultural Competency in Health Care Certificate

Discipline

This form is the signature sheet for new programs and new options/concentrations/tracks within existing programs. For all changes to existing programs (other than addition of new options/concentrations/tracks), use the Form P-2.

Check one:  New Undergraduate Major or New Graduate Degree      Attach a completed New Program Proposal Template  
 New Option/Concentration/Track  
 New Minor  
 New Teaching Credential      }      Attach a completed New Option/Concentration/ Track, Minor, or Teaching Credential Proposal Template  
 New Certificate      Attach a completed New Certificate Proposal Template

Does this proposal impact other disciplines?  Yes  No

If yes, obtain signature(s). Any objections or concerns should be stated in writing and attached to this form. Please check the box to indicate whether a memo has been attached.

Nursing Discipline #1	<input checked="" type="checkbox"/> Support	<input type="checkbox"/> Oppose	<input type="checkbox"/> Memo attached
<u>Denise Brown</u>	<u>5/10/13</u>		
Signature	Date		

Masters in Public Health Discipline #2	<input checked="" type="checkbox"/> Support	<input type="checkbox"/> Oppose	<input type="checkbox"/> Memo attached
<u>[Signature]</u>	<u>5/10/13</u>		
Signature	Date		

Philosophy Discipline #3	<input type="checkbox"/> Support	<input type="checkbox"/> Oppose	<input type="checkbox"/> Memo attached
<u>[Signature]</u>	<u>2/26/13</u>		
Signature	Date		

Discipline #4	<input type="checkbox"/> Support	<input type="checkbox"/> Oppose	<input type="checkbox"/> Memo attached
_____ Signature	_____ Date		

Discipline #5	<input type="checkbox"/> Support	<input type="checkbox"/> Oppose	<input type="checkbox"/> Memo attached
_____ Signature	_____ Date		

**CALIFORNIA STATE UNIVERSITY SAN MARCOS**

**P-FORM PREPARATION**

1a. Laurette MCGUIRE Laurette MCGuire 02-15-13  
Originator (Please print) Date  
1b. [Signature] 5/10/13  
Librarian Liaison for Library Report\* Date  
1c. [Signature] 5/10/13  
IITS Liaison for IITS Report\* Date

**PROGRAM/DEPARTMENT-LEVEL REVIEW**

2. [Signature] 2-28-13  
Program/Department - Director/Chair\* Date

**COLLEGE/SCHOOL-LEVEL REVIEW**

3. [Signature] 4/22/14  
College/School Curriculum Committee\* Date

**REVIEW (Signatures must be obtained by proposer)**

4a. [Signature] 5/10/13  
Vice President for Student Affairs\* Date  
4b. [Signature] 5/10/13  
Dean of Library\* Date  
4c. [Signature] 5/10/13  
Dean of Information and Instructional  
Technology Services\* Date  
4d. \_\_\_\_\_  
Vice President for Finance and Administrative  
Services\* Date  
4e. \_\_\_\_\_  
Dean of Graduate Studies (if applicable) \* Date

**COLLEGE/SCHOOL-LEVEL RECOMMENDATION**

5. [Signature] 4/29/14  
College/School Dean/Director\* Date

**UNIVERSITY-LEVEL REVIEW**

*(May not begin until all signatures numbered 1-5 have been obtained.)*

6a. \_\_\_\_\_  
University Curriculum Committee^ Date  
6b. \_\_\_\_\_  
Budget and Long-Range Planning Committee^ Date

**FACULTY APPROVAL**

7. \_\_\_\_\_  
Academic Senate Date

**UNIVERSITY-LEVEL APPROVAL**

8. \_\_\_\_\_  
Provost Date

9. \_\_\_\_\_  
Date to Chancellor's Office


+ Please contact the liaisons at the beginning of the process and allow sufficient time for the liaisons to prepare the resource implication report. Upon completion of the report liaisons will sign.  
\* May attach a memo on program impact on the unit and the ability of the unit to support it.  
^ Attach a memo summarizing the curricular and/or resource deliberations.



California State University  
SAN MARCOS

Kellogg Library California State University San Marcos 333 S. Twin Oaks Valley Road San Marcos, CA 92096-0001  
Tel: 760.750.4330 Fax: 760.750.3318 veres@csusm.edu biblio.csusm.edu

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**Date:** May 8, 2013  
**To:** Budget and Long Range Planning Committee  
**From:** Wayne Veres  
Dean, Library   
**Subject:** Library Comments for the P form, Cultural Competency in Health  
Care Certificate (CCHCC)

The Library is pleased to respond to the P-form for the proposed Cultural Competency in Health Care Certificate (CCHCC). Collaboration early in the curriculum process helps ensure that relevant and sufficient resources are available for students and faculty.

### Collections

We have reviewed the program proposal, and the Library has existing resources in the areas of health care and cultural competency. These include database subscriptions to CINAHL, PubMed, JSTOR, Science Direct, and Sociological Abstracts, among others.

We do not have access to the following titles identified in the proposal under "10. Instructional Resources":

- *Journal of Cultural Diversity* (\$374.00/yearly subscription)
- *Encyclopedia of Immigrant Health* (\$1100.00 for the 2012 edition).

Although not stated under instructional resources, we recommend a subscription to *Films on Demand*. Our media collection on cultural competency is limited, and institutional rates for DVDs typically cost several hundred dollars per title. *Films on Demand* provides access to 8,000 full-length videos and 90,000 video clips, including substantial health and anthropology collections. Cost for this service is approximately \$3000 a year and would benefit students in a variety of disciplines.

New subscriptions for any certificate/program are possible only if a sufficient ongoing commitment of collection funds, including inflation rates, is made available.

### Instruction

Library faculty Melanie Chu and Yvonne Meulemans currently provide instruction for anthropology and nursing, respectively. These classes facilitate hands-on application of information literacy skills, ensuring students can identify, find, evaluate, and cite appropriate research. Library faculty also work closely with students to provide in-depth, individualized research consultation both in person and online.

Beyond instructional impact, it is worth noting that each new program increases demand on all Library services from interlibrary loan to extended hours. The Library looks forward to working collaboratively with CCHCC faculty to support student learning and research in this program.

cc: David Barsky  
Virginia Mann  
Bonnie Bade  
Melanie Chu  
Yvonne Meulemans  
Hua Yi

<b>ORIGINATOR'S SECTION:</b>														
<b>1. College:</b> <input checked="" type="checkbox"/> CoAS <input type="checkbox"/> CoBA <input type="checkbox"/> CoE	<b>Desired Term and Year of Implementation (e.g., Fall 2008):</b> Fall 2013													
<b>2. Course is to be considered for G.E.?</b> (If yes, also fill out appropriate GE form*) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No														
<b>3. Course will be a variable-topics (generic) course?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (“generic” is a placeholder for topics)														
<b>4. Course abbreviation and Number:*</b> CCHC 520														
<b>5. Title:</b> (Titles using jargon, slang, copyrighted names, trade names, or any non-essential punctuation may not be used.) Ethics and Culture in Medicine														
<b>6. Abbreviated Title for Banner:</b> (no more than 25 characters, including spaces) Ethics & Culture: Med														
<b>7. Number of Units:</b> 2														
<b>8. Catalog Description:</b> (Not to exceed 80 words; language should conform to catalog copy. Please consult the catalog for models of style and format; include all necessary information regarding consent for enrollment, pre- and/or corequisites, repeated enrollment, crosslisting, as detailed below. Such information does <u>not</u> count toward the 80-word limit.)  Reviews the prevalent concepts, principles and methods of medical ethics, emphasizing issues of cultural difference, identity, and cross-cultural translation. Mainstream ethical principles are examined against cases involving diverse cultural settings, belief systems, and moral traditions. Themes include: practitioner-patient communication, informed consent, end-of-life issues, family dynamics, standards of medical decision-making, and normative concepts of medicine, appropriate treatment, and ethical intervention and care.														
<b>9. Why is this course being proposed?</b>  Serves as a required course for the newly-proposed post-baccalaureate certificate in Cultural Competency in Health Care.														
<b>10. Mode of Instruction*</b> <i>For definitions of the Course Classification Numbers:</i> <a href="http://www.csusm.edu/academic_programs/curriculumsheduling/catalogcurricula/DOCUMENTS/Curricular_Forms_Table/Instructional%20Mode%20Conventions.pdf">http://www.csusm.edu/academic_programs/curriculumsheduling/catalogcurricula/DOCUMENTS/Curricular_Forms_Table/Instructional%20Mode%20Conventions.pdf</a>														
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<b>11. Grading Method:*</b> <input checked="" type="checkbox"/> Normal (N) (Allows Letter Grade +/-, and Credit/No Credit) <input type="checkbox"/> Normal Plus Report-in-Progress (NP) (Allows Letter Grade +/-, Credit/No Credit, and Report-in-Progress) <input type="checkbox"/> Credit/No Credit Only (C) <input type="checkbox"/> Credit/No Credit or Report-in-Progress Only (CP)														
<b>12. If the (NP) or (CP) grading system was selected, please explain the need for this grade option.</b>														
<b>13. Course Requires Consent for Enrollment?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <input type="checkbox"/> Faculty <input type="checkbox"/> Credential Analyst <input type="checkbox"/> Dean <input type="checkbox"/> Program/Department - Director/Chair														
<b>14. Course Can be Taken for Credit More than Once?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, how many times? (including first offering)														
<b>15. Is Course Crosslisted:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  If yes, indicate which course and check “yes” in item #22 below.														
<b>16. Prerequisite(s):</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No														
<b>17. Corequisite(s):</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No														
<b>18. Documentation attached:</b>														

\* If Originator is uncertain of this entry, please consult with Program/Department Director/Chair.

Syllabus     Detailed Course Outline

19. If this course has been offered as a topic, please enter topic abbreviation, number, and suffix:\*

20. How often will this course be offered once established? \* 2/yr

**PROGRAM DIRECTOR/CHAIR - COLLEGE CURRICULUM COMMITTEE SECTION:**  
*(Mandatory information – all items in this section must be completed.)*

21. Does this course fulfill a requirement for any major (i.e., core course or elective for a major, majors in other departments, minors in other departments)?     Yes     No

If yes, please specify:  
 Required course for the Certificate in CCHC.

22. Does this course impact other discipline(s)? *(If there is any uncertainty as to whether a particular discipline is affected, check "yes" and obtain signature.)*     Yes     No

If yes, obtain signature(s). Any objections should be stated in writing and attached to this form.

Nursing Discipline \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_ Support \_\_\_\_\_ Oppose \_\_\_\_\_

Masters Public Health Discipline \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_ Support \_\_\_\_\_ Oppose \_\_\_\_\_

**SIGNATURES : (COLLEGE LEVEL) :**

**(UNIVERSITY LEVEL)**

1. Originator (please print or type name) in [Signature] Date 3-15-13

2. Program Director/Chair [Signature] Date 3-15-13

3. College Curriculum Committee [Signature] Date 4/22/14

4. College Dean (or Designee) [Signature] Date 5/5/14

5. UCC Committee Chair \_\_\_\_\_ Date \_\_\_\_\_

6. Vice President for Academic Affairs (or Designee) \_\_\_\_\_ Date \_\_\_\_\_

7. President (or Designee) \_\_\_\_\_ Date \_\_\_\_\_

\* If Originator is uncertain of this entry, please consult with Program/Department Director/Chair.



18. Documentation attached:  Syllabus  Detailed Course Outline

19. If this course has been offered as a topic, please enter topic abbreviation, number, and suffix:\*

20. How often will this course be offered once established?\* 2/yr

**PROGRAM DIRECTOR/CHAIR - COLLEGE CURRICULUM COMMITTEE SECTION:**  
*(Mandatory information – all items in this section must be completed.)*

21. Does this course fulfill a requirement for any major (i.e., core course or elective for a major, majors in other departments, minors in other departments)?  Yes  No

If yes, please specify:

22. Does this course impact other discipline(s)? *(If there is any uncertainty as to whether a particular discipline is affected, check "yes" and obtain signature.)*  Yes  No

If yes, obtain signature(s). Any objections should be stated in writing and attached to this form.

MPH  
 Discipline \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_ Support \_\_\_\_\_ Oppose \_\_\_\_\_

Nursing  
 Discipline \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_ Support \_\_\_\_\_ Oppose \_\_\_\_\_

**SIGNATURES : (COLLEGE LEVEL) :**

**(UNIVERSITY LEVEL)**

1. Originator (please print or type name) Acton Date 3-15-13

2. Program Director/Chair B. Badley Date 3-15-13

3. College Curriculum Committee [Signature] Date 4/22/14

4. College Dean (or Designee) [Signature] Date 4/5/14

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<b>2. Course is to be considered for G.E.? (If yes, also fill out appropriate GE form*)</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No														
<b>3. Course will be a variable-topics (generic) course?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (“generic” is a placeholder for topics)														
<b>4. Course abbreviation and Number:*</b> CCHC 540														
<b>5. Title: (Titles using jargon, slang, copyrighted names, trade names, or any non-essential punctuation may not be used.)</b> Palliative Care in Diverse Communities														
<b>6. Abbreviated Title for Banner:</b> (no more than 25 characters, including spaces) Palliative Care Diversity														
<b>7. Number of Units:</b> 2														
<b>8. Catalog Description:</b> (Not to exceed 80 words; language should conform to catalog copy. Please consult the catalog for models of style and format; include all necessary information regarding consent for enrollment, pre- and/or corequisites, repeated enrollment, crosslisting, as detailed below. Such information does <u>not</u> count toward the 80-word limit.)  Course examines palliative care and end of life issues as they manifest in culturally diverse communities. Course defines palliative care and examines perceptions, access and utilization of palliative care by diverse communities. Course addresses barriers to palliative care in relation to language, social and cultural needs and offers best practices to improve access and utilization of services.														
<b>9. Why is this course being proposed?</b>  Course is requirement of online Cultural Competency in Health Care Certificate														
<b>10. Mode of Instruction*</b> (See pages 19-23 at <a href="https://zeta.calstate.edu:8250/webdoc/TransactionDEDSaction5.doc">https://zeta.calstate.edu:8250/webdoc/TransactionDEDSaction5.doc</a> for definitions of the Course Classification Numbers)														
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4. Course abbreviation and Number:* CCHC 510														
5. Title: (Titles using jargon, slang, copyrighted names, trade names, or any non-essential punctuation may not be used.) Special Populations and Health Care														
6. Abbreviated Title for Banner: (no more than 25 characters, including spaces) Special Pops & Health Care														
7. Number of Units: 2														
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9. Why is this course being proposed?  Course is requirement of online Cultural Competency in Health Care Certificate														
10. Mode of Instruction* (See pages 19-23 at <a href="https://zeta.calstate.edu:8250/webdoc/TransactionDEDS_ection5.doc">https://zeta.calstate.edu:8250/webdoc/TransactionDEDS_ection5.doc</a> for definitions of the Course Classification Numbers)														
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\* If Originator is uncertain of this entry, please consult with Program/Department Director/Chair.

17. Corequisite(s):  Yes  No

18. Documentation attached:  
 Syllabus  Detailed Course Outline

19. If this course has been offered as a topic, please enter topic abbreviation, number, and suffix:\*

20. How often will this course be offered once established? \* 2/yr

**PROGRAM DIRECTOR/CHAIR - COLLEGE CURRICULUM COMMITTEE SECTION:**  
*(Mandatory information – all items in this section must be completed.)*

21. Does this course fulfill a requirement for any major (i.e., core course or elective for a major, majors in other departments, minors in other departments)?  Yes  No

If yes, please specify:

22. Does this course impact other discipline(s)? *(If there is any uncertainty as to whether a particular discipline is affected, check "yes" and obtain signature.)*  Yes  No

If yes, obtain signature(s). Any objections should be stated in writing and attached to this form.

MPH Discipline	_____	_____	_____ Support	_____ Oppose
	Signature	Date		
Nursing Discipline	_____	_____	_____ Support	_____ Oppose
	Signature	Date		

**SIGNATURES : (COLLEGE LEVEL) :**

**(UNIVERSITY LEVEL)**

1. Originator (please print or type name) Ratt M/L Date 3/15/13

2. Program Director/Chair BSB Date 3-15-13

3. College Curriculum Committee [Signature] Date 4/23/14

4. College Dean (or Designee) [Signature] Date 5/5/14

5. UCC Committee Chair \_\_\_\_\_ Date \_\_\_\_\_

6. Vice President for Academic Affairs (or Designee) \_\_\_\_\_ Date \_\_\_\_\_

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<b>4. Course abbreviation and Number:*</b> CCHC 530														
<b>5. Title: (Titles using jargon, slang, copyrighted names, trade names, or any non-essential punctuation may not be used.)</b> Cross Cultural Health Communication														
<b>6. Abbreviated Title for Banner:</b> (no more than 25 characters, including spaces) Cross Cult Health Comm														
<b>7. Number of Units:</b> 2														
<b>8. Catalog Description:</b> (Not to exceed 80 words; language should conform to catalog copy. Please consult the catalog for models of style and format; include all necessary information regarding consent for enrollment, pre- and/or corequisites, repeated enrollment, crosslisting, as detailed below. Such information does <u>not</u> count toward the 80-word limit.)  Growing diversity in the US requires a core set of competencies, policies and procedures addressing culture and communication among health care organizations and professionals. Course examines how language and communication impact delivery of health care services to culturally and linguistically diverse communities. Course will review standards, policies and accreditation mandates impacting language access. Focus on strategies for cross cultural communication, and effective ways to ensure language access and health literacy for diverse communities.														
<b>9. Why is this course being proposed?</b>  Course is requirement of online Cultural Competency in Health Care Certificate														
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<b>14. Course Can be Taken for Credit More than Once?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, how many times? (including first offering)														
<b>15. Is Course Crosslisted:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  If yes, indicate which course _____ and check “yes” in item #22 below.														
<b>16. Prerequisite(s):</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No														

\* If Originator is uncertain of this entry, please consult with Program/Department Director/Chair.

17. Corequisite(s):  Yes  No

18. Documentation attached:  
 Syllabus  Detailed Course Outline

19. If this course has been offered as a topic, please enter topic abbreviation, number, and suffix:\*

20. How often will this course be offered once established?\* 2/yr

**PROGRAM DIRECTOR/CHAIR - COLLEGE CURRICULUM COMMITTEE SECTION:**  
*(Mandatory information – all items in this section must be completed.)*

21. Does this course fulfill a requirement for any major (i.e., core course or elective for a major, majors in other departments, minors in other departments)?  Yes  No

If yes, please specify:

22. Does this course impact other discipline(s)? (If there is any uncertainty as to whether a particular discipline is affected, check "yes" and obtain signature.)  Yes  No

If yes, obtain signature(s). Any objections should be stated in writing and attached to this form.

MPH Discipline	_____	_____	_____ Support	_____ Oppose
	Signature	Date		
Nursing Discipline	_____	_____	_____ Support	_____ Oppose
	Signature	Date		

**SIGNATURES : (COLLEGE LEVEL) :**

**(UNIVERSITY LEVEL)**

1. Originator (please print or type name) Kehene May Date 3-14-13

2. Program Director/Chair BS Bude Date 3-15-13

3. College Curriculum Committee [Signature] Date 4/22/14

4. College Dean (or Designee) [Signature] Date 5/5/14

5. UCC Committee Chair \_\_\_\_\_ Date \_\_\_\_\_

6. Vice President for Academic Affairs (or Designee) \_\_\_\_\_ Date \_\_\_\_\_

7. President (or Designee) \_\_\_\_\_ Date \_\_\_\_\_

\* If Originator is uncertain of this entry, please consult with Program/Department Director/Chair.

<b>ORIGINATOR'S SECTION:</b>		
<b>1. College:</b> <input checked="" type="checkbox"/> CoAS <input type="checkbox"/> CoBA <input type="checkbox"/> CoE	<b>Desired Term and Year of Implementation (e.g., Fall 2008):</b> FALL 2013	
<b>2. Course is to be considered for G.E.? (If yes, also fill out appropriate GE form*)</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>3. Course will be a variable-topics (generic) course?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (“generic” is a placeholder for topics)		
<b>4. Course abbreviation and Number:*</b> CCHC 500		
<b>5. Title: (Titles using jargon, slang, copyrighted names, trade names, or any non-essential punctuation may not be used.)</b> Clinical Care and Cultural Competency		
<b>6. Abbreviated Title for Banner:</b> (no more than 25 characters, including spaces) Clinical Competency		
<b>7. Number of Units:</b> 2		
<b>8. Catalog Description:</b> (Not to exceed 80 words; language should conform to catalog copy. Please consult the catalog for models of style and format; include all necessary information regarding consent for enrollment, pre- and/or corequisites, repeated enrollment, crosslisting, as detailed below. Such information does <u>not</u> count toward the 80-word limit.)  Growing diversity in the US requires a core set of competencies, policies and procedures addressing culture and language among health care organizations and professionals. Course provides students understanding of how cultural backgrounds of patients and providers impact the healthcare encounter. Course examines how clinical healthcare setting and organization can act as barriers to providing effective services to diverse communities. Course reviews standards, laws, and accreditation mandates relevant to providing health care to culturally and linguistically diverse communities.		
<b>9. Why is this course being proposed?</b>  Course is requirement of online Cultural Competency in Health Care Certificate		
<b>10. Mode of Instruction*</b> (See pages 19-23 at <a href="https://zeta.calstate.edu:8250/webdoc/TransactionDEDSaction5.doc">https://zeta.calstate.edu:8250/webdoc/TransactionDEDSaction5.doc</a> for definitions of the Course Classification Numbers)		
	<b>Type of Instruction</b>	<b>Number of Credit Units</b>
	Lecture	2
	Activity	
	Lab	
<b>11. Grading Method:*</b> <input checked="" type="checkbox"/> Normal (N) (Allows Letter Grade +/-, and Credit/No Credit) <input type="checkbox"/> Normal Plus Report-in-Progress (NP) (Allows Letter Grade +/-, Credit/No Credit, and Report-in-Progress) <input type="checkbox"/> Credit/No Credit Only (C) <input type="checkbox"/> Credit/No Credit or Report-in-Progress Only (CP)		
<b>12. If the (NP) or (CP) grading system was selected, please explain the need for this grade option.</b>		
<b>13. Course Requires Consent for Enrollment?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <input type="checkbox"/> Faculty <input type="checkbox"/> Credential Analyst <input type="checkbox"/> Dean <input type="checkbox"/> Program/Department - Director/Chair		
<b>14. Course Can be Taken for Credit More than Once?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, how many times? (including first offering)		
<b>15. Is Course Crosslisted:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  If yes, indicate which course and check “yes” in item #22 below.		
<b>16. Prerequisite(s):</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

\* If Originator is uncertain of this entry, please consult with Program/Department Director/Chair.

17. Corequisite(s):  Yes  No

18. Documentation attached:  Syllabus  Detailed Course Outline

19. If this course has been offered as a topic, please enter topic abbreviation, number, and suffix:\*

20. How often will this course be offered once established? \* 2/yr

**PROGRAM DIRECTOR/CHAIR - COLLEGE CURRICULUM COMMITTEE SECTION:**  
*(Mandatory information – all items in this section must be completed.)*

21. Does this course fulfill a requirement for any major (i.e., core course or elective for a major, majors in other departments, minors in other departments)?  Yes  No

If yes, please specify:

22. Does this course impact other discipline(s)? *(If there is any uncertainty as to whether a particular discipline is affected, check "yes" and obtain signature.)*  Yes  No

If yes, obtain signature(s). Any objections should be stated in writing and attached to this form.

MPH Discipline	_____	_____	_____ Support	_____ Oppose
	Signature	Date		
Nursing Discipline	_____	_____	_____ Support	_____ Oppose
	Signature	Date		

**SIGNATURES : (COLLEGE LEVEL) :**

**(UNIVERSITY LEVEL)**

1. Originator (please print or type name) Korune Mary Date 3-14-13

2. Program Director/Chair BBBader Date 3-15-13

3. College Curriculum Committee [Signature] Date 4/22/14

4. College Dean (or Designee) [Signature] Date 5/5/14

5. UCC Committee Chair \_\_\_\_\_ Date \_\_\_\_\_

6. Vice President for Academic Affairs (or Designee) \_\_\_\_\_ Date \_\_\_\_\_

7. President (or Designee) \_\_\_\_\_ Date \_\_\_\_\_

\* If Originator is uncertain of this entry, please consult with Program/Department Director/Chair.



**Subject:** Re: Cultural Competency Certificate Paperwork  
**Date:** Tuesday, April 23, 2013 1:23:16 PM Pacific Daylight Time  
**From:** Kara Witzke <kwitzke@csusm.edu>  
**To:** Bonnie Bade <bbade@csusm.edu>

Bonnie,

I have appreciated the interaction we have had previously regarding the ways in which the Cultural Competency in Health Care Certificate may complement the MPH degree currently being proposed. I agree that several of the courses you intend to offer will be attractive options as elective courses for the MPH which as written, has room for at least one required elective. We are very supportive of your program and will do everything we can to encourage our MPH students to take a course towards their CC certificate as part of their degree. I believe that this Certificate may be similarly attractive to MSW students desiring additional coursework and training in this important area and would support your program from that standpoint as well.

Thank you and we look forward to continued collaboration,  
Kara

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**Kara A. Witzke, Ph.D.**  
Associate Professor  
Chair, Department of Kinesiology  
Acting Chair, Department of Human Development  
California State University, San Marcos  
333 S. Twin Oaks Valley Rd.  
University Hall 308  
San Marcos, CA 92096

760-750-7355 office  
760-750-3237 fax  
<http://www.csusm.edu/kinesiology>  
<http://www2.csusm.edu/jumpstudy>

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**From:** Bonnie Bade <bbade@csusm.edu>  
**Date:** Monday, April 22, 2013 3:41 PM  
**To:** Kara Witzke <kwitzke@csusm.edu>  
**Subject:** FW: Cultural Competency Certificate Paperwork

Hi Kara, the CHABSS college curriculum committee is nearly done reviewing the Cultural Competency in Health Care Certificate I told you about awhile back and they will not send the forms forward to the university level without your input in the form of a signature. Can you please respond with an email indicating your support or not for the program? If you recall from our conversation, we have a couple of courses that might serve as electives for your MPH in the future. I appreciate your attention and consideration of the curriculum. Thanks—Bonnie

Bonnie Bade, Ph.D.  
Professor of Medical Anthropology  
Chair, Anthropology Dept.  
Faculty Director, National Latino Research Center  
Cal State University San Marcos, San Marcos, CA 92096  
[www.csusm.edu/anthropology](http://www.csusm.edu/anthropology); [www.csusm.edu/nlrc](http://www.csusm.edu/nlrc)

*We could learn a lot from crayons. Some are sharp, some are pretty and some are*

*dull. Some have weird names and all are different colors, but they all have to live in the same box. -anonymous*

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**From:** Bonnie Bade <[bbade@csusm.edu](mailto:bbade@csusm.edu)>  
**Date:** Mon, 4 Mar 2013 17:53:16 -0800  
**To:** Nicoleta Bateman <[nbateman@csusm.edu](mailto:nbateman@csusm.edu)>  
**Cc:** Laurette McGuire <[lmcguire@csusm.edu](mailto:lmcguire@csusm.edu)>, Konane Martinez <[kmartine@csusm.edu](mailto:kmartine@csusm.edu)>, Michael McDuffie <[mcduffie@csusm.edu](mailto:mcduffie@csusm.edu)>  
**Subject:** FW: Cultural Competency Certificate Paperwork

Hi Nicoleta and CAPC colleagues,

Anth has been hard at work developing the online Cultural Competency in Health Care Certificate (CCHCC) to be offered through EL. As you can see below, we have finished the paperwork and have the signature forms out to Nursing, the Masters in Public Health, Library and IITS. We have had meetings with these entities about the certificate and do not anticipate any problems, but if there are we are prepared to accommodate any concerns from the listed entities.

I send this email to you to provide you with the paperwork for the CCHCC in case you may have time to begin reviewing it. I know you have been very busy this academic year (with Anth among others!) and we appreciate your hard work and dedication to ensuring that the curriculum representing CHABSS is of noteworthy quality. Thanks and please let me know if you need further information or for Anth to visit CAPC in person. Thanks again—Bonnie

Bonnie Bade, Ph.D.  
Professor of Medical Anthropology  
Chair, Anthropology Dept.  
Faculty Director, National Latino Research Center  
Cal State University San Marcos, San Marcos, CA 92096  
[www.csusm.edu/anthropology](http://www.csusm.edu/anthropology); [www.csusm.edu/nlrc](http://www.csusm.edu/nlrc)

*We could learn a lot from crayons. Some are sharp, some are pretty and some are dull. Some have weird names and all are different colors, but they all have to live in the same box. -anonymous*

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**From:** Bonnie Bade <[bbade@csusm.edu](mailto:bbade@csusm.edu)>  
**Date:** Mon, 4 Mar 2013 17:44:30 -0800  
**To:** Denise Boren <[dboren@csusm.edu](mailto:dboren@csusm.edu)>, Kara Witzke <[kwitzke@csusm.edu](mailto:kwitzke@csusm.edu)>, Wayne Veres <[veres@csusm.edu](mailto:veres@csusm.edu)>  
**Cc:** Adam Shapiro <[ashapiro@csusm.edu](mailto:ashapiro@csusm.edu)>, Laurette McGuire <[lmcguire@csusm.edu](mailto:lmcguire@csusm.edu)>, Konane Martinez <[kmartine@csusm.edu](mailto:kmartine@csusm.edu)>, Michael McDuffie <[mcduffie@csusm.edu](mailto:mcduffie@csusm.edu)>  
**Subject:** Cultural Competency Certificate Paperwork

Hi colleagues, we have been hard at work preparing the paperwork for the Cultural Competency in Health Care Certificate. This email is to provide you with all the information about the certificate and seek your feedback and support/signature on the P-signature form.

Attached you will find the P-signature page, C-forms and syllabi for CCHC 500, 510, 520, 530, 540, 550, and the proposed catalog copy for the Certificate.

On the P-form you will see that we have named your department as potentially "impacted" by the certificate, though with careful reading you will see that the CCHCC curriculum is complementary to both Nursing's and the MPH's curriculum and does not compete with any of your course offerings. We hope that you can print the P-form, sign and scan it, and resend it to me digitally for final paperwork.

For the Library and IITS, please review and provide us with any concerns you may have regarding costs we may not have anticipated. Please print the P-form, sign and scan it, and resend it to me digitally for final paperwork.

We are excited about the Cultural Competency in Health Care Certificate and the learning opportunities it offers for health care professionals and our students. We hope that you can support this program and advise your students to enroll.

Please do not hesitate to contact Laurette McGuire, Konane Martinez, or me for any questions. Thanks so much for your consideration—Bonnie

Bonnie Bade, Ph.D.  
Professor of Medical Anthropology  
Chair, Anthropology Dept.  
Faculty Director, National Latino Research Center  
Cal State University San Marcos, San Marcos, CA 92096  
[www.csusm.edu/anthropology](http://www.csusm.edu/anthropology); [www.csusm.edu/nlrc](http://www.csusm.edu/nlrc)

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